

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: FILTER HEAD AND BURNER SYSTEM  
INCORPORATING SAME

Attorney Docket Number:: 502337

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 3

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: E.  
Family Name:: Buhl  
Name Suffix::  
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State or Prov. of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 2281 Pine Circle

City of mailing address:: Belvidere  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61008  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Middle Name:: L.  
Family Name:: Hunsberger  
Name Suffix::  
City of Residence:: Rockford  
State or Prov. of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 6097 Dana Drive

City of mailing address:: Rockford  
State or Province of mailing address:: IL

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61109  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Zierke  
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City of Residence:: Rockford  
State or Prov. of Residence:: IL  
Country of Residence:: US  
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Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61107  
Inventor Authority Type:: Inventor  
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Status:: Full Capacity  
Given Name:: William  
Middle Name:: J.  
Family Name:: Mitchell  
Name Suffix::  
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### **CORRESPONDENCE INFORMATION**

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### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23626

### **ASSIGNEE INFORMATION**

Assignee name:: Suntec Industries Incorporated  
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State or Province of  
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